

PHYSICIAN AND DENTIST SPECIALTY SURVEY

1. **PURPOSE:** The purpose of this directive is to initiate a one-time survey of VHA physicians and dentists which will provide complete data on all specialty and subspecialty certifications, including those for which VHA physicians and dentists do not receive special pay. The survey also includes questions regarding specialty certifications received in foreign countries. Once the survey is complete, data will be entered into the PAID master records system. Data input will be completed in **three (3)** separate stages, as programming changes are accomplished in the PAID system. **This directive does not apply to residents or others in a post graduate training status.** Once completed, the survey will provide Veterans Integrated Service Networks and Headquarters with a complete specialty skills inventory for use in emergencies and other emergent situations.

2. BACKGROUND:

a. During recent Congressional Hearings and follow-up questions on the Persian Gulf War Syndrome, the PAID system was queried to determine specific specialty and subspecialty expertise of VHA physicians. Ensuing discussions with various program officials indicated that there is no repository for such data other than the PAID system which only recognizes certification(s) for purposes of special pay. (Those boards are American Board of Medical Specialists (ABMS), Bureau of Osteopathic Specialists (BOS), and the specialty boards recognized by American Dental Association.) In short, VHA has no method for capturing this data on a system-wide basis should the need arise to identify specialty expertise beyond that which is recognized for physicians and dentists special pay. The survey is designed to expand the database so that VHA can better utilize the unique talents of its physicians and dentists who have specialty training or certifications. The information provided will **NOT** change the current board specialty certification component of special pay. However, if board certification categories are expanded in the future, the data will be readily available in the PAID/Pay VA system.

b. The categories included in the survey are:

- (1) All certifications from ABMS, BOS, or ADA (include those for which special pay is not granted);
- (2) All other U.S. specialty certifications;
- (3) Specialty board certifications from foreign countries.

3. **POLICY:** A one-time survey will be completed by all VHA physician and dentist employees regarding specialty and subspecialty certifications. For purposes of this survey, an employee is defined as one who is in a PAID status on a full-time, part-time, or intermittent appointment.

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 3, 2002

Data must be maintained in a suspense file until each phase of the PAID programming can be completed. As new employees enter on duty, the same information must be collected as part of

September 3, 1997

the appointment process. It is expected that the new PayVA system will be programmed to accommodate these new data fields. Employees will be responsible for informing the Human Resources Management Service of any changes in certification(s), including recertifications and expiration dates of certifications.

4. ACTION

a. Each VHA physician and dentist, who is in a PAID status, must complete the attached survey and return it to the facility's Human Resources Management Service by September 30, 1997. Each physician and dentist will be responsible for informing the facility's Human Resource Management Service of subsequent changes in certification(s).

b. The Human Resources Management Officer is responsible for entering the survey data into the PAID system. While all information will be collected from VHA physicians and dentists at one time, the submission of the data to the PAID system will be done in **three (3)** stages as programming changes are completed in the PAID system.

c. Coding instructions will be issued separately as each PAID programming change is completed.

5. REFERENCES:

a. MP-5, Part I, Chapter 296-33

b. MP-6, Part V, Chapter 6, Supp. No. 1.5

6. **FOLLOW-UP RESPONSIBILITY:** The Veterans Health Administration, Office of Administration, Management and Administrative Support Office and the Office of Human Resources Management are responsible for the contents of this directive.

7. **RESCISSION:** September 3, 2002.

s/ Melinda Murphy for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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ATTACHMENT A

VHA BOARD CERTIFICATION SURVEY

Instructions: Each VHA physician and dentist, currently on a full-time, part-time, or intermittent appointment, must complete the following survey. Currently, VHA maintains board certification data for purposes of calculating physicians and dentists special pay only. As a result of questions during the Congressional Hearings on Persian Gulf War Syndrome, it was recognized that a number of VHA physicians and dentists may possess additional specialty and subspecialty certifications for which VHA has no record. Once completed, this data can be used for emergency situations and to meet emergent patient care needs.

In order to obtain complete specialty and subspecialty information, all VHA physicians and dentists must complete this survey and return it to the facility Human Resources Management Service no later than September 30, 1997. The information provided will not change special pay. However, if special pay categories are expanded in the future, the data will be readily available in the database.

Name: _____ VAMC: _____
(Please Print)

1. List all of your specialty and subspecialty certifications which are recognized by the American Board of Medical Specialists (ABMS), Bureau of Osteopathic Specialists (BOS), or a specialty area recognized by the American Dental Association (ADA), and expiration dates if applicable.

Specialty _____	Expiration Date _____
Subspecialty _____	Expiration Date _____
Subspecialty _____	Expiration Date _____
Subspecialty _____	Expiration Date _____

Specialty _____	Expiration Date _____
Subspecialty _____	Expiration Date _____
Subspecialty _____	Expiration Date _____
Subspecialty _____	Expiration Date _____

2. List any specialty certifications that you possess that are not currently recognized by the ABMS, BOS, or ADA (i.e. American Board of Medical Toxicology, American Board of Medical Management), and expiration dates if applicable.

Name of Specialty Board _____	
Subspecialty _____	Expiration Date _____

September 3, 1997

#2. continued

Name of Specialty Board _____

Subspecialty _____ Expiration Date _____

3. List any specialty and subspecialty certifications received in countries other than the United States. Please identify the country, specialty and subspecialty certifications, and expiration date, if applicable.

Country _____

Specialty _____ Expiration Date _____

Subspecialty _____ Expiration Date _____

Subspecialty _____ Expiration Date _____

Subspecialty _____ Expiration Date _____

Country _____

Specialty _____ Expiration Date _____

Subspecialty _____ Expiration Date _____

Subspecialty _____ Expiration Date _____

Subspecialty _____ Expiration Date _____

4. Do you currently have a full unrestricted license in the state in which this VA facility is located?

Yes _____

No _____

(Signature)

(Date)

**PLEASE RETURN SURVEY TO YOUR HUMAN RESOURCES
MANAGEMENT SERVICE BY SEPTEMBER 30, 1997.**

